

## PRE-USE INSPECTION - SCISSOR LIFTS & VERTICAL MAST LIFTS

**ENSURE THAT YOU HAVE INSPECTED THIS EQUIPMENT BEFORE USING IT USING IT EACH SHIFT**

**Note: each operator using this equipment must perform a pre-use inspection**

Indicate an **X** where there is a problem detected

Equipment name: \_\_\_\_\_ Hour Meter/. Mileage for start of this list \_\_\_\_\_

**CAUTION: Operators are responsible for ensuring that the equipment is in good working condition before using it. If there is a problem with the equipment, park it, place a do not use tag on it, remove the key and give it to your supervisor.**

### VISUAL INSPECTION (where applicable)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Propane or Diesel fuel for fuel lines/ leaks</li> <li><input type="checkbox"/> Engine Oil</li> <li><input type="checkbox"/> Coolant</li> <li><input type="checkbox"/> Hydraulic oil</li> <li><input type="checkbox"/> Any other leaks in the engine compartment</li> <li><input type="checkbox"/> Operator controls are in good condition</li> <li><input type="checkbox"/> Batteries if electric lift</li> <li><input type="checkbox"/> Hydraulic lines</li> <li><input type="checkbox"/> Work platform- no damage</li> <li><input type="checkbox"/> Main body for damage</li> <li><input type="checkbox"/> Lifting structure damage</li> <li><input type="checkbox"/> Limit switch properly functioning</li> <li><input type="checkbox"/> Operators manual present</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Tires in good condition</li> <li><input type="checkbox"/> Bolts not sheered or damaged</li> <li><input type="checkbox"/> Welds, are they damaged</li> <li><input type="checkbox"/> Emergency lowering system work.</li> <li><input type="checkbox"/> Sufficient fuel (if applicable)</li> <li><input type="checkbox"/> Damage to the work platform</li> <li><input type="checkbox"/> Chains or security bars in good condition?</li> <li><input type="checkbox"/> Are the pot hole protectors working if equipped</li> <li><input type="checkbox"/> Are there any trip hazards in the work platform?</li> </ul> <p><b><u>FALL ARREST EQUIPMENT</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Harness</li> <li><input type="checkbox"/> Lanyard</li> </ul> |
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### OPERATIONAL INSPECTION (where applicable)

- Listen for Unusual Noise
- Controls are working
- Forward control
- Reverse control
- Beepers and flashing lights are working
- Do the controls on the base platform function
- Do the controls on the work platform function
- Functions are working properly
- Ground conditions, house keeping, soft ground that has been dug up.
- Hydro lines
- Other activities in the area
- Weather – wind, snow & ice
- Other trades in the area
- Are special precautions needed to ensure your safety-spotter needed, safety or warning barriers etc.?

DATE	TIME	OPERATORS SIGNATURE	COMMENTS

Supervisor sign off: \_\_\_\_\_

**TO BE COMPLETED BY DESIGNATED OPERATORS AND WHEN FORM IS COMPLETED IT MUST BE FORWARDED TO YOUR SHIFT SUPERVISOR.**